

Medicaid Mental Health
Individuals 18 years of age and older
Fee Schedule
July 1, 2008

I. Practitioner Services

Mental health practitioners include physicians, physician assistants, nurse practitioners, psychologists, social workers, and professional counselors. Practitioners bill using standard CPT-4 procedure codes and are reimbursed according to the Department's RBRVS system.

CPT Code	Procedure	Time	Psychologist	LCSW	LCPC
90801	Psychiatric diagnostic interview examination		\$89.85	\$89.85	\$89.85
90804*	Individual psychotherapy	20 - 30 min.	\$37.80	\$37.80	\$37.80
90806*	Individual psychotherapy	45 - 50 min.	\$53.76	\$53.76	\$53.76
90816*	Individual psychotherapy, inpatient, partial hospital, or residential	20 - 30 min.	\$35.70	\$35.70	\$35.70
90818*	Individual psychotherapy, inpatient, partial hospital, or residential	45 - 50 min.	\$53.17	\$53.17	\$53.17
90846*	Family psychotherapy without patient		\$52.38	\$52.38	\$52.38
90847*	Family psychotherapy with patient		\$65.15	\$65.15	\$65.15
90849	Multi family group psychotherapy		\$19.49	\$19.49	\$19.49
90853	Group psychotherapy (other than multi-family)		\$18.44	\$18.44	\$18.44
96101	Psychological testing including psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities	Per hour	N/A	N/A	\$51.59
96101 AH	Psychological testing including psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities	Per hour	\$74.60	N/A	N/A
96102	Psychological testing by technician	Per hour	\$38.75	N/A	N/A
96103	Psychological testing administered by computer	Per test battery	\$30.45	N/A	N/A
96105	Assessment of Aphasia	Per hour	\$40.51	N/A	N/A
96116	Neurobehavioral status exam	Per hour	\$84.39	N/A	N/A
96118 AH	Neuropsychological testing battery by Psychiatrist or Psychologist	Per hour	\$147.79	N/A	N/A
96119 AH	Neuropsychological testing battery by tech	Per hour	\$83.07	N/A	N/A
96120 AH	Neuropsychological testing battery administered by computer	Per test battery	\$69.49	N/A	N/A

* Individuals may not receive more than a combined total of 24 sessions per year (July 1 through June 30).

II. Acute Inpatient Services

Acute care hospital services will be reimbursed for Medicaid beneficiaries under the Montana Medicaid program's Diagnosis Related Group (DRG) reimbursement system from July 1 – September 30, 2008. Beginning October 1, 2008 reimbursement will be made by APR-DRG.

All admissions of Medicaid recipients require prior authorization through First Health Services of Montana.

III. Mental Health Center Services (in addition to practitioner services):

The following table summarizes services available through licensed mental health centers.

Service	Procedure	Modifier	Unit	Reimbursement	Co-pay	Limits	Management
Respite Care – Adult	S5150	HB	15 min	\$2.70	None	24 units/24 hours 48 units/mo	Retrospective
M.H. Group Home – Adult	S5102		Day	\$99.78	None	None	Retrospective
M.H. Group Home Therapeutic Leave	S5102	U5	Day	\$99.78	None	14 days / year	Retrospective
Adult Foster Care	S5140		Day	\$79.83	None	None	Retrospective
Adult Foster Care Therapeutic Leave	S5140	U5	Day	\$79.83	None	14 days / year	Retrospective
Day treatment – Adult Half day	H2012	HB	Hour	\$12.38	None	3 hrs/day	Retrospective
Community-based psychiatric rehabilitation & support – individual	H2019		15 min	\$6.49	None	None	Retrospective
Community-based psychiatric rehabilitation & support – group	H2019	HQ	15 min	\$1.94	None	None	Retrospective
Crisis intervention facility	S9485		Day	\$323.99	None	None	Prior Authorization
Program of Assertive Community Treatment (PACT)	H0040		Day	\$44.16	None	None	Retrospective
Intensive Community Based Rehabilitation	S5102	HE	Day	\$236.37		None	Prior Authorization

IV. Case Management Services

Adult case management services available through the Medicaid program and through the MHSP must be provided by a licensed mental health center with case management endorsement.

Service	Procedure	Modifier		Unit	Reimbursement	Co-pay	Limits	Management
		1	2					
Targeted Case Management – Adult, Individual	T1016	HB		15 min.	\$18.91	None	None	Retrospective
Targeted Case Management – Adult, Group	T1016	HB	HQ	15 min.	\$3.41	None	None	Retrospective

V. Partial Hospitalization

Partial hospitalization services are available to Medicaid beneficiaries according to the following schedule:

Service	Procedure	Modifier	Unit	Reimbursement	Co-pay	Limits	Management
Acute Partial Hospitalization Full day	H0035	U8	Full Day	\$158.75	None	28 days*	Prior authorized
Acute Partial Hospitalization Half day	H0035	U7	Day	\$119.06	None	28 days*	Prior authorized

* Maximum recommended to utilization review agency; may be extended if medically necessary.

VI. Intensive Outpatient Services

Intensive outpatient psychotherapy available through the Medicaid must be provided by a licensed mental health practitioner when outpatient psychotherapy is medically necessary for more than 24 sessions per year. Dialectical Behavior Therapy Skill Development may be reimbursed to mental health center and/or mental health practitioner provider types.

Service	Procedure	Modifier	Unit	Reimbursement	Co-pay	Limits	Management
Intensive Outpatient Psychotherapy	H0046	HB	45-50 min	\$53.76	\$3.00	None	Prior authorized
Dialectical Behavior Therapy – Skill Development - Individual	H2014		15 min	\$15.76	\$3.00	None	Prior authorized
Dialectical Behavior Therapy – Skill Development - Group	H2014	HQ	15 min	\$10.50	\$3.00	None	Prior authorized